

Cypress Creek Quilters' Guild – Membership Application

(Please bring this completed form to the next meeting or mail it with check payable to CCQG in the amount of \$30 to: CCQG, P.O. Box 47533, Tampa, Florida 33646-0113)

Name: _____

Address: _____

City, State, Zip Code: _____

Home phone: _____ Mobile phone: _____

E-mail: _____ Birthday (Day & Month) _____

Full-time Florida resident? _____ or "Snow Bird" months _____

I am interested in working on the following committees:

Membership Retreats Charity Outreach Programs Quilt Show
 Workshops Other: _____

I am interested in holding office: **Yes** **No**

Suggestions for classes, events or projects you would like the Guild to offer:

How did you hear about us? _____

As a member of the Cypress Creek Quilt Guild I agree to uphold the By-Laws and Standing Rules and in accordance with them, I will:

- *Pay annual dues of \$30.00 which are due by the end of each January*
- *Participate in a minimum of one charity project per year*
- *Participate in a Quilt Show by working on the Quilt Show committee or working a minimum of four hours during the show or, (if unable to work during the event) providing four hours of support to the Quilt Show committee.*
- *Sell a minimum of \$25 in tickets for the Opportunity Quilt program.*

Sign: _____ **Date:** _____

Paid: _____ Check # _____ Cash: _____ Receipt #: _____

(Version: 10/1/2015)